This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION [illegible]

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	TEXACO Inc.		Lease A. H. Blinebry Fed NCT-3			Well No. 3
Location of Well	Unit E	Sec 31	Twp 22	Rge 38		County Lea
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod	Prod. Medium (Tbg or Csg)	Choke Size
Upper Compl	Blinebry		Oil	Flow	Csg 2 7/8"	18/64
Lower Compl	Brunson Ellenburger (Gas)		Oil	Art. lift	Csg 2 7/8"	—

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:30 AM 9-9-74

Well opened at (hour, date): 8:30 AM 9-10-74

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	20	530
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	20	530
Minimum pressure during test	20	25
Pressure at conclusion of test	20	45
Pressure change during test (Maximum minus Minimum)	—	505
Was pressure change an increase or a decrease?	—	decrease

Well closed at (hour, date): 2:00 PM 9-10-74 Total Time On Production 5½ hrs.

Oil Production During Test: 8 bbls; Grav. 39.6; Gas Production During Test 72 MCF; GOR 9000

Remarks

FLOW TEST NO. 2

Well opened at (hour, date): 8:30 AM 9-11-74

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	20	530
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	20	530
Minimum pressure during test	10	530
Pressure at conclusion of test	10	530
Pressure change during test (Maximum minus Minimum)	10	—
Was pressure change an increase or a decrease?	decrease	—

Well closed at (hour, date) 2:00 PM 9-11-74 Total Time on Production 5½ hrs.

Oil Production During Test: 3 bbls; Grav. 37.6; Gas Production During Test 8 MCF; GOR 2667

Remarks

Annual Zone Segregation Test

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved ______ 19__

New Mexico Oil Conservation Commission

Orig. Signed By

By ______

Title ______

Operator TEXACO Inc.

By [signature]

Title ASST. DIST. SUPERINTENDENT

Date ______